

Indiana State Trauma Care Committee (ISTCC) – Indiana Trauma Quality Improvement Program (InTQIP) Subcommittee Meeting Notes

Time: Friday, August 12, 10:00am EST

Location: Conference Call line

Called by: Katie Hokanson, Indiana State Department of Health (ISDH) Director of Trauma and Injury Prevention

I. Attendees

ISTCC InTQIP Subcommittee Members	
ISTCC members	
David Welsh, MD	Margaret Mary Community Hospital
Lisa Hollister	Parkview Regional Medical Center
Subcommittee participants	
Amanda Rardon	IU Health Arnett Hospital
Annette Chard	Lutheran Hospital
Carrie Malone	Terre Haute Regional
Chris Wagoner	St. Vincent Indianapolis Hospital
Dawn Daniels	IU Health Riley Hospital for Children
Jennifer Homan	Franciscan St. Anthony Crown Point Hospital
Jonathan Saxe, MD	St. Vincent Indianapolis Hospital
Mark Rohlfing	Community Hospital of Anderson
Mary Pargin	Good Samaritan Hospital
Merry Addison	Terre Haute Regional
Michelle Ritchey	Union Hospital (Terre Haute)
Missy Hockaday	IU Health – Methodist Hospital
Peter Jenkins, MD	IU Health – Methodist Hospital
Tracy Spitzer	IU Health – Methodist Hospital
ISDH Staff	
Katie Hokanson	Director, Trauma and Injury Prevention
Ramzi Nimry	Trauma System Performance Improvement Manager
Camry Hess	Database Analyst

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I. Agenda

1. Welcome & Introductions
2. Potential Data Sources:
 - a. Insurance providers.
 - b. Worker's compensation.
 - c. Occupational Safety and Health Administration (OSHA).
 - i. Could combine worker's compensation with OSHA dataset for work-related injuries.
 - d. Indiana Medicaid data.
 - e. Trauma Registry
 - i. Hospital data.
 - ii. Rehabilitation data.
 - f. EMS Registry.
 - g. Medical records/hospital discharge dataset
 - i. This dataset is De-identified.
 - ii. Inpatient (hospitalizations).
 - iii. Outpatient (Emergency Department visits).
 - h. Death certificates.
3. Potential stakeholders:
 - a. American College of Emergency Physicians (ACEP) – Indiana chapter.
 - b. American College of Surgeons – Indiana chapter.
 - c. Blood banks.
 - d. Chamber of Commerce.
 - e. Community partners.
 - f. Council on Aging.
 - g. Department of Natural Resources (DNR) – interested in injury prevention.
 - h. EMS services.
 - i. Future Farmers of America (FFA) – interested in injury prevention.
 - j. Healthcare providers (doctors, nurses, etc.).
 - k. Hospitals.

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- l. Indiana High School Athletic Association (ISHAA).
 - m. Indiana State Medical Association (ISMA).
 - n. Large manufacturing facilities.
 - o. Military.
 - p. National Collegiate Athletic Association (NCAA).
 - q. Orthopedic/healthcare companies.
 - r. Other state agencies.
 - s. Rehabilitation facilities.
4. What are the goals of an Indiana TQIP project?
- a. Sharing best practices to improve patient care.
 - b. Improving quality by improving outcomes while reducing costs.
 - c. Identify areas of concern in patient care and safety.
 - d. Regionalized trauma quality improvement (EMS → hospital → rehabilitation)
 - i. Group suggested focusing on hospitals in the beginning.
 - e. Improving data quality for all data providers.
5. Ways to engage new partners
- a. Create target messaging based on the stakeholder.
 - b. Example of Ohio legislators and “so what?” attitude. State showed that there had been no improvement in outcomes since the start of trauma legislation based on 10 years of trauma registry data.
6. Additional Discussion/Topics
- a. Data Quality:
 - i. Can inter-rater reliability be done on data?
 - 1. Jenkins suggested using the TQIP methodology.
 - 2. Insurance companies would also be interested in data validity.
 - b. Identifying the patient population for this project:
 - i. Do we include all patients or just adults (>18 years)?
 - 1. Concern with indicators not being designed for pediatric patients (<18 years).
 - 2. Concern that age of population may impact stakeholder invested in project.

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3. Concern with lack of pediatric volume to be able to properly risk-adjust data.
- c. Do we collect data from all hospitals or just trauma centers?
 - i. Group agreed to engage all hospitals from the beginning.
- d. Merging subcommittees:
 - i. At what point does the InTQIP subcommittee turn into or become part of the existing PI subcommittee?
 1. Group agreed once the InTQIP tool is established that subcommittees would merge.
- e. Next steps:
 - i. Present to ISTCC and suggest that the InTQIP put together a proposal for stakeholders (insurance groups) who may be interested in investing in this type of project.